


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000041255		
1. Entity Name IMAGINATIONS FURNITURE & INTERIORS, INC.		
Principal Place of Business 703 NE 16TH PLACE CAPE CORAL, FL 33990		Mailing Address 703 NE 16TH PLACE CAPE CORAL, FL 33990
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRELLER, KIMBERLEY A 703 NE 16TH PLACE CAPE CORAL, FL 33990		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000366623 05/13/05-80012-011 158.75
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	KRELLER, KIMBERLEY	
STREET ADDRESS	703 NE 16TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE <i>Kimberley Kreller</i>		Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		